

Worksheet 2
WIC OPERATING EXPENSES

Agency/Clinic: _____

EXPENDITURE	MONTHLY	QUARTERLY	ONE-TIME	IN-KIND
Indirect Rate* <u>or</u> Direct Administrative Cost	*If claiming an Indirect Rate an indirect plan must be submitted for approval – indirect claims will not be paid without an approved plan			
Indirect Rate _____%				
Direct Administrative Cost				
Bookkeeping/Audit				
Contracted Services – (RD, Satellite Clinics, etc) _____ _____	_____ _____	_____ _____	_____ _____	_____ _____
Local Program Travel - describe: _____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
State conference/Training Required Travel – describe: (what & how many people) _____ _____ _____ _____			_____ _____ _____ _____	
Equipment > \$1000 - list: _____ _____ _____			_____ _____ _____	_____ _____ _____

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EXPENDITURE	MONTHLY	QUARTERLY	ONE-TIME	IN-KIND
Equipment < \$1000 – list: _____			_____	_____
Supplies				
Rent				
Telephone				
Postage				
Utilities				
Cleaning				
Advertising				
Copies/Printing				
Insurance				
Laboratory				
Nutrition Education				
Breastfeeding Education				
Repairs				
Subscriptions/Dues				
Training				
Vaccines				
Work-study				
Other - list: _____	_____	_____	_____	_____
TOTAL				
Total ÷ 12 To Determine Monthly Budget				

Monthly expenditure total should be divided by 12 for a monthly average.
 (Use additional pages as necessary.)